



INSTRUCTIONS FOR FORM EQP3821 UNDERGROUND STORAGE TANKS (UST) REGISTRATION

A. SUMMARY OF HOW A UST IS REGISTERED

All regulated tanks are registered by completing form EQP3821 and submitting it with a check or money order made payable to the “**State of Michigan**” to cover the \$100 per tank registration fee. Tanks are not considered registered until fees are paid.

Mail the registration form and check to:

MDEQ, OFFICE OF FINANCIAL MANAGEMENT, REVENUE CONTROL UNIT, PO BOX 30657, LANSING, MI 48909

B. HOW DO I REPORT A RELEASE?

To report a release of product from a UST, E-mail DEQ-std-tank@state.mi.us or FAX at 517-335-2245.

C. WHAT LAW REQUIRES REGISTRATION OF USTs?

Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, requires that owners register USTs that are being used, or have been used, to store regulated substances, unless the USTs have been properly closed or removed and notification provided to the Storage Tank Unit (STU). Owner means any person who owns, or owned at the time of release, a UST used for storage, use, or dispensing of regulated substances.

D. WHAT USTs ARE INCLUDED?

A UST system means a tank or combination of tanks which is, was, or may have been used to contain an accumulation of “regulated substances” as defined in Section 21101(g) of Part 211, and whose volume (including connected underground piping) is ten (10) percent or more beneath the ground. Regulated substance includes petroleum and hazardous substances as defined in the federal Comprehensive Environmental Response, Compensation and Liability Act, 1980 PL 96-510.

E. WHAT UST SYSTEMS ARE EXCLUDED FROM REGISTRATION?

1. Tanks that have been properly closed or removed prior to January 1, 1974.
2. Farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for non-commercial purposes.
3. A tank used exclusively for storing heating oil for consumptive use on the premises where the tank is located.
4. Septic tanks.
5. Pipeline facilities (including gathering lines).
6. Surface impoundments, pits, ponds, or lagoons.
7. A stormwater or wastewater collection system.
8. Flow-through process tanks.
9. Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations.
10. Storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft or tunnel) if the storage tank is situated on or above the surface of the floor.
11. Any pipe connected to an exempt UST (described above).
12. USTs holding hazardous wastes listed under Subtitle C of the Solid Waste Disposal Act, Title II of Public Law 89-272, or a mixture of such hazardous waste and other regulated substances.
13. Wastewater treatment tank system that is part of a wastewater facility regulated under the federal water pollution control act.
14. Equipment that contains regulated substances for operational purposes such as hydraulic lift tanks and electrical equipment tanks.
15. USTs with a capacity of 110 gallons or less.
16. USTs that contain a DEMINIMUS concentration of regulated substances.
17. An emergency spill or overflow containment UST that is expeditiously emptied after use.

F. WHEN SHOULD A UST BE REGISTERED?

1. Owners who plan to install UST(s) shall submit to the STU form EQP3820, A NOTICE OF PROPOSED INSTALLATION OF UNDERGROUND STORAGE TANKS, with a complete set of plans at least 45 days prior to use. When plans are approved, a copy of form EQP3821 will be sent back to the owner with the completed plan review. The owner completes Registration Form EQP3821 and returns it to the STU with the appropriate fees. Please refer to form EQP3820 for more details.
2. Owners of a new UST system shall register their UST system by submitting Registration Form EQP3821 to the STU before the system is put into operation. Owners must supply an installation date and the installer's certification must be completed and signed. A \$100 per tank fee is due with form EQP3821 whenever new tanks are being registered.
3. Owners who discover tanks on their premises shall register the tanks by submitting form EQP3821 along with \$100/tank registration and shall properly close the tanks.
4. Owners who discover additional tanks at the time of a tank removal project shall register the tanks immediately and seek permission to waive the 30-day notice for removal. They may then remove the tank.
5. Any change in information submitted with the registration of the UST must be reported to the STU on form EQP3821 within 30 days of the change.

**REGISTRATION OF UNDERGROUND STORAGE TANKS**

The information in this form is required under "Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended." Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5,000 per day for each tank for which notification is not given or for which false information is submitted.

<input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> AMENDED INFORMATION (for Registered USTs Only)	<u>If sending payment and form mail to: MDEQ, Office of Financial Management,</u> Revenue Control Unit, PO Box 30657, Lansing, MI 48909 <u>If sending form only, mail to: MDEQ, WHMD, PO Box 30241, Lansing, MI 48909</u>	FACILITY IDENTIFICATION NUMBER (if known)
NO. OF TANKS AT FACILITY		NO. OF CONTINUATION SHEETS ATTACHED
I. OWNERSHIP OF TANKS		
IF THIS IS A NEW OWNER'S ADDRESS, PLEASE CHECK <input type="checkbox"/>		
OWNER NAME (Corporation/Individual, etc.)		FACILITY NAME OR SITE IDENTIFIER
MAILING ADDRESS		STREET ADDRESS (P.O. Box Not Acceptable)
CITY	STATE	ZIP
COUNTRY (Please Specify) <input type="checkbox"/> USA <input type="checkbox"/> OTHER _____		CITY
		STATE
		Michigan
		ZIP
TELEPHONE (Including Area Code) () -		COUNTY
TELEPHONE (Including Area Code) () -		
TAX PAYER ID OR SOCIAL SECURITY NUMBER		
LATITUDE AND LONGITUDE of facility (If known)		
LATITUDE (North):		LONGITUDE (West):
III. TYPE OF OWNER		
<input type="checkbox"/> FEDERAL <input type="checkbox"/> COMMERCIAL		
<input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> PRIVATE		
<input type="checkbox"/> LOCAL GOVERNMENT ARE TANKS LOCATED ON LAND WITHIN A RESERVATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF TANKS ARE LOCATED WITHIN A RESERVATION, DOES A NATIVE AMERICAN TRIBE OWN TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF TANKS ARE OWNED BY A TRIBE, NAME OF TRIBE: _____		
IV. TYPE OF FACILITY		
<input type="checkbox"/> PUBLIC GAS STATION	<input type="checkbox"/> LOCAL GOVERNMENT	<input type="checkbox"/> CONTRACTOR
<input type="checkbox"/> PRIVATE GAS STATION	<input type="checkbox"/> STATE GOVERNMENT	<input type="checkbox"/> TRUCKING/TRANSPORT
<input type="checkbox"/> MARINE GAS STATION	<input type="checkbox"/> FEDERAL/NON-MILITARY	<input type="checkbox"/> UTILITIES
<input type="checkbox"/> PETROLEUM DISTRIBUTOR	<input type="checkbox"/> FEDERAL-MILITARY	<input type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> AIRLINE AND/OR AIRCRAFT OWNER	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> FARM
<input type="checkbox"/> AUTO DEALERSHIP	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER (Explain) _____
<input type="checkbox"/> RAILROAD	<input type="checkbox"/> HOSPITAL	
V. CONTACT PERSON		
NAME	JOB TITLE	TELEPHONE (Including Area Code) () -
VI. CERTIFICATION		
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND ALL ATTACHED DOCUMENTS AND THAT I HAVE VERIFIED THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.		
NAME AND OFFICIAL TITLE OF OWNER OR OWNERS' AUTHORIZED REPRESENTATIVE	SIGNATURE	DATE

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS

(Complete the following pages for each tank at this location; Copy these pages for additional tanks if needed)

TANK IDENTIFICATION NUMBER								
1. STATUS OF TANKS (Check One) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">CURRENTLY IN USE</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">TEMPORARILY OUT OF USE</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">AMENDMENT OF INFORMATION</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="font-size: small; margin-top: 5px;">(If tanks are removed/closed, complete page 3, Section IX)</div>								
2. DATE OF INSTALLATION (Month/Day/Year)								
3. ESTIMATED TOTAL CAPACITY (Gallons)								
4. MATERIAL OF CONSTRUCTION (Mark All That Apply) <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">ASPHALT COATED OR BARE STEEL</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">CATHODICALLY PROTECTED STEEL</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">EPOXY COATED STEEL</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">COMPOSITE (Steel With Fiberglass)</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">FIBERGLASS REINFORCED PLASTIC</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">LINED INTERIOR</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">DOUBLE WALLED</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">POLYETHYLENE TANK JACKET</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">CONCRETE</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">EXCAVATION LINER</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">UNKNOWN</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">OTHER (Specify in comments area)</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">HAS TANK BEEN REPAIRED?</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> </div>								
5. PIPING MATERIAL (Mark All That Apply) <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">BARE STEEL</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">GALVANIZED STEEL</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">FIBERGLASS REINFORCED PLASTIC</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">COPPER</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">CATHODICALLY PROTECTED</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">DOUBLE WALLED</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">FLEXIBLE PIPING</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">ENVIROFLEX</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">GEOFLEX</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">UNKNOWN</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> </div>								
6. PIPING (Type) (Mark All That Apply) <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">SUCTION: NO VALVE AT TANK</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">SUCTION: VALVE AT TANK</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">PRESSURE (Remote)</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">HAS PIPING BEEN REPAIRED?</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> </div>								

TANK IDENTIFICATION NUMBER								
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK HAS COMPARTMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(List substances in comments area)								
OTHER (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA NAME AND/OR CHEMICAL ABSTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE (CAS) NUMBER (if hazardous substance stored)	_____	_____	_____	_____	_____	_____	_____	_____
VIII. TANKS OUT OF USE OR CHANGE IN SERVICE								
NOTE: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE								
1. CLOSING OF TANK								
A. ESTIMATED DATE LAST USED (Month/Day/Year)								
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)								
C. TANK WAS REMOVED FROM GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•DESCRIBE TYPE OF FILL USED	_____	_____	_____	_____	_____	_____	_____	_____
•REASON TANK WAS NOT REMOVED	_____	_____	_____	_____	_____	_____	_____	_____
E. CHANGE IN SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX. CERTIFICATION OF COMPLIANCE								
1. INSTALLATION								
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLER CERTIFIED OR LICENSED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INSTALLATION INSPECTED AND APPROVED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ANOTHER METHOD ALLOWED BY STU (Please Specify)	_____	_____	_____	_____	_____	_____	_____	_____

TANK IDENTIFICATION NUMBER																
2. RELEASE DETECTION	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE
A. MANUAL (Static) TANK GAUGING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. INVENTORY CONTROL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. AUTOMATIC TANK GAUGING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. VAPOR MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK/PIPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. AUTOMATIC LINE LEAK DETECTORS		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
I. LINE TIGHTNESS TESTING		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
K. OTHER METHOD ALLOWED BY STU (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SPILL AND OVERFILL PROTECTION																
A. OVERFILL DEVICE INSTALLED	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. SPILL DEVICE INSTALLED	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?																
A. YES	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. NO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION X IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE. INSTALLER: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; text-align: center;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> NAME PRINTED </div> <div style="width: 30%; text-align: center;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE </div> <div style="width: 30%; text-align: center;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DATE </div> </div> <div style="text-align: center; margin-top: 10px;"> <hr style="border: none; border-top: 1px solid black;"/> COMPANY </div>																

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.